



July 31, 18

Page 4

Check only one box below:

ETHICON NON-SURGERY CLAIMANT ELECTION PAGE

- ☒ **Option (A)** – I have not undergone a qualifying surgery to repair, revise, or remove my Ethicon TVT product, therefore I authorize my attorneys to dismiss my case without prejudice with the option to refile my case within five years of dismissal should I undergo a qualifying surgery. I understand that by selecting this option, I am authorizing my attorneys to dismiss my case without prejudice and to close my Ethicon case. I understand that under my Attorney Employment Agreement, I owe nothing in attorneys' fees or expenses. I understand that if I undergo a surgery in the five year time period and if I am interested in pursuing my claim, I will need to contact an attorney immediately to protect my claim before the five years has expired.
- ☐ **Option (B)** – I believe I have undergone a qualifying surgery to repair, revise, or remove my Ethicon TVT product and I am attaching records that evidence the qualifying procedure. I understand that failure to provide medical proof evidencing the qualifying procedure will result in my claim being dismissed with prejudice in court. I understand that any records I provide will be subject to an expert medical review to determine whether the records substantiate a qualifying surgery to my Ethicon product.

B2 Holliday
Claimant Signature

9-25-18
Date

Brenda L. Holliday
[Printed Name of Claimant]